



DAY ACCUMULATION CONTAINER NOTIFICATION FORM

Facility Name:		Date of Request	
Facility Mailing Address		City/State/Zip	
Facility Physical Address		City/State/Zip	
EPA ID Number		Facility Contact	

Please complete the following table. Be sure to read and complete the signature section of the form as well. All questions and completed forms should be directed to Rebecca Wenner, Bureau of Waste Management, Fax Number 785-296-8909, Phone 785-296-1604, e-mail rwenner@kdhe.state.ks.us, mailing address Bureau of Waste Management, 1000 SW Jackson, Suite 320, Topeka, KS 66612-1366.

Area in facility where container is managed	Size of container	Brief container description	Type of waste	Number of containers in that area	Comments
Example-Building 2, Paint Area	5 gallons	Red, metal step-can	Solvent-contaminated paper rags	2	
Total Number of Day Accumulation Containers					

By signing this form, I acknowledge that I am aware that the above listed containers are to be managed in accordance with the guidance provided for Day Accumulation Containers in Technical Guidance Document BWM 05-01, "Container Management for Hazardous Waste Generators". I am also aware that failure to properly manage the containers as described in the referenced Technical Guidance Document could result in these containers being subject to the more stringent requirements of hazardous waste satellite and/or storage containers.

Signature

Date